



Cryptosporidiosis

County _____

LHJ Use ID _____
 Reported to DOH Date ___/___/___
 LHJ Classification Confirmed
 Probable
 By: Lab Clinical
 Epi Link: _____

Outbreak-related
 LHJ Cluster# _____
 LHJ Cluster Name: _____
 DOH Outbreak # _____

REPORT SOURCE

LHJ notification date ___/___/___ Investigation start date ___/___/___
 Reporter (check all that apply) Lab Hospital HCP
 Public health agency Other
 Reporter name _____
 Reporter phone _____
 Primary HCP name _____
 Primary HCP phone _____
 OK to talk to case? Yes No DK Date of interview ___/___/___

PATIENT INFORMATION

Name (last, first) _____ Birth date ___/___/___ Age _____
 Address _____ Homeless
 Gender F M Other Unk
 City/State/Zip _____ Ethnicity Hispanic or Latino
 Not Hispanic or Latino Unk
 Phone(s)/Email _____
 Race (check all that apply)
 Amer Ind/AK Native Asian
 Native HI/other PI Black/Afr Amer
 White Other Unk
 Alt. contact Parent/guardian Spouse Other Name: _____
 Zip code (school or occupation): _____ Phone: _____
 Occupation/grade _____
 Employer/worksite _____ School/child care name _____

CLINICAL INFORMATION

Onset date: ___/___/___ Derived Diagnosis date: ___/___/___ Illness duration: _____ days

Signs and Symptoms

Y N DK NA
 Diarrhea Maximum # of stools in 24 hours: _____
 Abdominal cramps or pain
 Nausea
 Vomiting
 Loss of appetite (anorexia)
 Weight loss with illness
 Fever Highest measured temp (°F): _____
 Oral Rectal Other: _____ Unk

Laboratory

Collection date ___/___/___
 Source _____

P N I O NT
 Cryptosporidium-specific nucleic acid (PCR)
 Cryptosporidium organisms (microscopy, including DFA)
 Cryptosporidium antigen by enzyme immunoassay (EIA)
 Cryptosporidium antigen by other screening method (e.g., immunochromatographic card/rapid card test) or unknown method [Probable]

P = Positive O = Other
 N = Negative NT = Not Tested
 I = Indeterminate

Predisposing Conditions

Y N DK NA
 Immunosuppressive therapy or disease

NOTES

Hospitalization

Y N DK NA
 Hospitalized at least overnight for this illness

Hospital name _____
 Admit date ___/___/___ Discharge date ___/___/___

Y N DK NA
 Died from illness Death date ___/___/___
 Autopsy Place of death _____

INFECTION TIMELINE

Enter onset date (first sx) in heavy box. Count forward and backward to figure probable exposure and contagious periods

Days from onset:

Exposure period

-12 -1

o
n
s
e
t

Contagious period

weeks

Calendar dates:

EXPOSURE (Refer to dates above)

Y N DK NA

- Travel out of the state, out of the country, or outside of usual routine
Out of: County State Country
Dates/Locations: _____
- Case knows anyone with similar symptoms
- Epidemiologic link to a confirmed human case**
- Contact with lab confirmed case
 Household Casual Sexual
 Needle use Other: _____
- Contact with diapered/incontinent child or adult
- Shellfish or seafood
County/location collected: _____
- Unpasteurized milk (cow)
- Juices or cider Type: _____
- Unpasteurized juices or cider
- Known contaminated food product
- Group meal (e.g. potluck, reception)
- Food from restaurants
Restaurant name/location: _____
- Source of drinking water known
 Individual well Shared well
 Public water system Bottled water
 Other: _____
- Drank untreated/unchlorinated water (e.g. surface, well)

Y N DK NA

- Recreational water exposure
 Natural water Pools, spas, water park, fountain
 Both
Name/Location _____
- Case or household member lives or works on farm or dairy
- Exposure to pets
Was the pet sick Y N DK NA
- Work with animals or animal products (e.g. research, veterinary medicine, slaughterhouse)
Specify animal: _____
- Zoo, farm, fair, or pet shop visit
- Any contact with animals at home or elsewhere
- Cattle, cow or calf
- Any type of sexual contact with others
female sexual partners _____
male sexual partners: _____

How was this person likely exposed to the disease:

- Food Drinking Water Recreational water Person
- Animal Environment Unknown

Where did exposure probably occur?

- U.S. but not WA (State: _____)
- In WA (County: _____)
- Not in U.S. (Country/Region: _____)
- Unknown

Exposure details (e.g., exposure date, specific site, purchase or use-by date, product name/description):

- No risk factors or exposures could be identified
- Patient could not be interviewed

PATIENT PROPHYLAXIS / TREATMENT

NOTES

PUBLIC HEALTH ISSUES

PUBLIC HEALTH ACTIONS

- Hygiene education provided
- Child care inspection
- Follow-up of household members
- Testing of home/other water supply
- Test symptomatic contacts
- Work or child care restriction for case
- Other, specify: _____

Investigator _____ Phone/email: _____

Investigation complete date ____ / ____ / ____

Local health jurisdiction _____

Record complete date ____ / ____ / ____